

Baltimore County Department of Health

Integrating HIV Prevention Programs with STI/HIV Partner Services

Marva B Gooden, BSN, RN Public Health Nurse Supervisor
Bureau of Health Care Access

Jan A. Markowitz, PhD, Chief Communicable Disease Control
Bureau of Prevention, Protection, and Preparedness



Inter-bureau Collaboration

- Administrative Services
- Behavioral Health
- Community Health Services
- **Clinical Services**
 - STI Clinics
- **Healthcare Access**
 - HIV programs
 - Partner Services
- **Prevention, Protection & Preparedness**
 - STI Surveillance
 - Partner Services



Early Efforts

- **Healthcare Access**
 - Two part-time DIS (enhanced HIV)
- **Prevention, Protection & Preparedness**
 - Two DIS (syphilis)



Integration Services as of 2008

- Goal: Improve integration of services
 - STI/HIV/TB surveillance
 - Partner services (PS)
 - Clinical services



Disease Intervention Specialists

- DIS team
 - Two supervisors
 - Four DIS
 - Provide increase from 2 to 4 DIS
 - Provides added diversity to DIS – gender and race
 - Provide shared expertise in syphilis and HIV
- Weekly pouch reviews
- Weekly DIS case conference



Integration Of Services

- DIS Management of STI/HIV
 - Received technical assistance from DHMH to facilitate integration of DIS services across bureaus
 - Increased the number and diversity of DIS staff available to provide case finding, surveillance and partner services
 - Enhanced management of HIV/STI surveillance and partner services



Baltimore County's Story

- In 2007, the Bureau of Healthcare Access piloted the co-location of a DIS within the HIV Case Management Program
- For the purpose of Case Managers to:
 - Increase their understanding of the role of DIS
 - Understand how PS could benefit their clients' and their client's partners
 - Increase referrals to PS within the HIV Case Management Program



Story Continued

- Two employees from HIV Prevention and Outreach programs were sent to DIS school
- March 2008, Public Health Nurse went to DIS school
- In 2009, BCDH was awarded funding to hire two part time DIS to work directly in the HIV Case Management Program



Motivating Factors

- Estimated that 25% of HIV positives are unaware of their status
- Despite all our efforts we were not increasing our newly identified persons living with HIV
- There were certain high risk populations with whom we were making little progress reaching, particularly MSMs



Challenges

- Baltimore County is a large jurisdiction
- There is no place to target high risk groups..no bars clubs ...no entertainment hot spot
- Rates of new infection especially within the MSM community were on the rise
- The Department realized that MSM community did not see us as a resource
- CTR testing and HIV prevention efforts were not yielding newly diagnosed individuals within the high risk populations

Steps to Integration

- **Education** of all staff within the HIV programs on all their roles
- Case Management
- Sero Positive Clinic staff
- Peer Advocate
- CTR
- DIS
- Outreach



Understanding Roles

- A big factor in the success of this partnership was the co-location of DIS in the HIV program
- This helped to facilitate full integration of all the programs (from CTR to outreach to DIS to CM to linkage to care)
- There was full support at the administrative, management and service delivery levels

Primary Role of DIS

How can DIS help...

- Working with clients around disclosure issues
- Helping clients understand re-infection and exposure to other STIs



DIS/Case Manager Team

The key was collaboration

- The DIS develops a working relationship with the Case Management team
- DIS may attend Case Management team meetings.
- Upon request DIS will do mini-presentations and trainings to CM staff to increase CM buy-in, and comfort



How DIS Works with Clients

- Assess client's immediate needs and his/her access to resources to meet those needs
- Ensure appropriate referrals are made for outreach, HIV medical care, and support services
- Conduct PS interview
- Renegotiate or reinforce the client's plans for reducing risk
- Refer to HIV Outreach Program



Lessons for DIS

DIS learned the benefits of:

- Using Peer Advocates
- Facilitating linkage between DIS and CM through HIV Outreach Program
- Utilizing CM for on-going case services



HIV Case Managers' Role

- Communicate the benefit of PS to the client
- Assimilate the value of PS to all clients on the CM caseload
- Encourage the participation of clients in PS process
- Refer clients early and often



Three Key Components to Success

- Dispelling the myth
- Building the trust
- Building the team



Dispelling The Myth

- Educate the Case Managers by DIS doing presentation to the staff sitting in on case conferences, accompanying them on field visits
- Facilitate a comfort level with CM, so they can help their clients accept partner services
- Referrals to PS benefits everyone!



Dispelling The Myth

- Case managers, and social workers in particular, are programmed to protect the confidentiality and trust of the client. This makes it particularly difficult to press a client to make contact with DIS
- There is a belief that referring a client to PS would negatively impact the client
- Working as a team, we can address needs across the whole continuum of care. The bottom line is that DIS leads people to testing, treatment, and care

Building the Trust

- By DIS becoming a part of the team, it helped to build a trust among all staff within the HIV Programs; including prevention, outreach, and case management
- Mini DIS-101 with clinical staff of the STD clinics
- Role played an interview



Working as a Team

- Working as a team, we can address needs across the whole continuum of care
- DIS leads people to testing, treatment, and care
- The partnering of DIS and outreach staff increased our ability to target high risk persons and locate new individuals unaware of HIV status
- The clinic staff now has the DIS on speed dial



Working as a Team

- Once we began to work together as a team within HIV we began to reach out to other programs within the department
- DIS staff in PPP
- Clinical services: STD & Family Planning



Co-location

Importance of putting a face to the name and getting to know the DIS.

- Who is your local DIS?
- Do you trust him/her?
- DIS attended Case Management team meetings to discuss cases
- Learned information about clients from DIS they would otherwise not know



Secondary Gains

- Some unintended results--positive ones!
- Increased collaboration between:
- DIS
- CM staff
- Outreach staff
- CTR
- STI Clinics
- Family Planning Clinics



Advanced Integration Collaborators

- DIS staff
- Peer Advocate
- HIV CTR staff
- CTR Outreach programs
- Clinical Services
- Baltimore County Detention Center



Where Are We Now

- Department-wide *Ask Screen Intervene Training*
- Annual department-wide diversity training
- Increased collaboration across the Department in the delivery of PS
- Increased uniformity in the delivery of PS
- Creation of a department-wide Partner Services Manual
- Increased access to the broader continuum of HIV services for persons living with HIV

